## The British Association of Urological Surgeons (BAUS)

BAUS has been contacted by several patients in response to recent media attention on the issue of chronic UTI.

In our role of seeking the best possible urological care for all UK patients, we are naturally concerned to hear experiences/difficulties related to those who are symptomatic in the light of traditional "negative" urine cultures. The diagnosis and treatment of an often debilitating set of symptoms remains difficult and unclear. There is, as yet, no official diagnosis of what a chronic UTI is and whether this might be distinct from recurrent or relapsing UTIs and we recognise the challenge in accurately outlining the differences and/or similarities of these conditions.

We are very much aware of the work and treatment regimens of Professor Malone-Lee and agree that the classic technique/microbiological threshold to diagnose a UTI may be inadequate as it was developed in the 1950s. Many urologists do realize that new, more sensitive and accurate techniques are required and should be investigated. New techniques are in their infancy and require further assessment to establish diagnostic accuracy before widespread NHS usage. We also would like to suggest that advances in this area would best be brought about by consultation with, and involvement of, our microbiological colleagues.

We recognize there may be individuals who are symptomatic even without the presence of white cells in their urine – so the significance of this finding is also unclear but probably helps to indicate an underlying infective or inflammatory process. There is also the difficulty of understanding the relevance of detecting organisms in symptomatic patients when they can also be detected in those who are asymptomatic. We now appreciate that the urine in asymptomatic patients is not always sterile, as previously thought.

The call for long-term antibiotic treatment also has to be weighed against the need for strong evidence that it is effective and that of the risk of the development of antibiotic resistance. There is currently a drive by NHS England to reduce antibiotic usage.

Two of our leading BAUS urologists in this field - Mr Chris Harding and Mr Ased Ali – are currently working in conjunction with Professor Malone-Lee to address these exact issues, by designing a randomized controlled trial to provide an answer as to how we might best investigate and treat these patients. A trial protocol is currently being finalised with a view to making funding applications in the spring of 2020.

I would hope to reassure you that we are taking this problem seriously and are working to provide more evidence and guidance as to how we, as urologists, diagnose and manage this challenging and significant problem.

D J Summerton President, BAUS

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The British Association of Urological Surgeons is a registered charity. BAUS' mission is to promote the highest standard in the practice of urology for the benefit of patients by fostering education, research and clinical excellence. For more information go to the <u>BAUS website</u>.